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8791

7590

09/25/2006

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
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Linda Delia

(Depositor's name)



(Signature)

10-17-06

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/509,906	09/28/2004	Shin-ichiro Taguchi	96790P463	4266

TITLE OF INVENTION: METHOD AND DEVICE FOR EVALUATING SPECTACLE LENS OR MOLD FOR MOLDING SPECTACLE LENS, AND METHOD AND SYSTEM FOR MANUFACTURING SPECTACLE LENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, HOA Q	2877	356-630000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BLAKELY SOKOLOFF

2 TAYLOR & ZAFMAN

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.311. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HOYA CORPORATION

(B) RESIDENCE: (CITY and STATE and COUNTRY)

TOKYO, JAPAN

10/20/2006 CNE602 00000000 10509906
01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:0001 30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies ten (10)

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Eric S. Hyman

Registration No.

30,139

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